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House Health Policy Committee

Good morning and thank you for holding today's hearing on HB 4674, a bill I wholeheartedly support through my 20 years of experience working in long term care.

I am a care manager with Bridgeway Care Management and Home Care, a division of Feinberg Consulting.

The role of a care manager in the life of a patient can mean the difference between comfort and suffering. As an advocate, I provide knowledge, guidance, and support for both the patient and family.

Among the myriad needs faced in the aging process, a plan of action can include relocation to a safe environment that's equipped to meet the patient's long term needs, caregiving services to keep an individual safe at home, or hospice arrangements to allow a dignified end of life experience.

Families face a harsh reality when they realize that care for their loved one is exorbitant and beyond their financial means. The aging population has far too many individuals 'falling through the cracks' because of the barriers to the care needed, whether it be caregiving at home, or relocation to a safe environment. The average cost of caregiving exceeds what most families can afford. Likewise, the cost of living in a private-pay senior living residence is prohibitive for most.

Private pay facilities average in cost between \$6000 and \$10,000 per month. 24/7 care will cost approximately \$200,000 per year. Many families who believe they've saved for their future are stunned to learn of the cost of long term care. They are equally stunned to learn that long term care policies purchased years ago do not cover the companion care they need. One catastrophic incident, such as a debilitating stroke, changes everything. One 24/7 client had a policy that supplemented \$83/day, which barely scratched the surface of her \$600/day cost of companion care; and, it was only a three-year policy. At 83 years old, with significant cognitive impairment and generally good physical health, she will likely outlive the policy, which will have barely made a difference in the coverage of her care.

Another family could not provide the level of care needed at home and could not afford a senior community. They made the difficult decision to place their loved one in a semi-private room in a nursing home in which he could spend down what little assets he had and remain in the facility as a Medicaid recipient. The facility had the sights and sounds of an institution in its lack of any comfort for the patient or his family.

In the current system, costs are high both financially and in the overall health of our society, as we continue to react to crises rather than preventing them. This study bill will produce evidence of the ways in which care that is managed properly can prevent chaotic decline. Catastrophic events cannot be predicted. However, a comprehensive assessment of a patient provide information that offers insight into a person's baseline functioning. Proactive measures, such as oversight from a care manager, empowers families to make decisions from a place of strength and confidence rather than panic and fear.